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COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES		DATE
REQUEST FOR SERVICE APPEAL TO: MANAGER APPEALS & FAIR HEARINGS DIVISION OF MANAGEMENT & CUSTOMER SERVICES DEPARTMENT OF SOCIAL SERVICES 700 EAST BROAD STREET RICHMOND, VIRGINIA 23219-1849		CITY/COUNTY
		SERVICE WORKER
		TYPE OF SERVICE
I RECEIVED NOTICE	THE ACTION IS EFFECTIVE ON:	
OF ACTION DATED:	THE ACTION IS ELLECTIVE ON.	
I WISH TO HAVE A HEARING ON MY SERVICE CASE. I AM EXPLAINING BELOW WHAT ACTION THE SOCIAL SERVICES DEPARTMENT IS TAKING AND WHY I DISAGREE WITH IT.		
APPEAL FOR OR IN BEHALF OF:		
NAME	☐ I REQUESTED A	CONFERENCE ON:
ADDRESS (ROUTE OR STREET)	☐ I DID NOT REQU	JEST A CONFERENCE.
CITY, STATE, ZIP	HANDICAPPED	VICES BECAUSE I AM BLIND OR VISUALLY
SIGNATURE OF CLIENT/APPLICANT/OR AUTHORIZED REPRESENTATIVE	WITNESS IF SIGNED	WITH MARK

032-02-102/5 (11/93)

APPEAL INSTRUCTIONS

If you are not satisfied with the action this agency has taken or plans to take, you may write or call your service worker to request a Conference. At this time, the agency must give you an explanation of its proposed action.

If you are not satisfied with the results of the Conference you may request a Hearing. You may request a Hearing without having a Conference. The Hearing is a private, informal meeting at the welfare agency with you and anyone you wish to bring as a witness or to help you tell what happened, such as a friend or lawyer. You will tell what happened to a Hearing Officer, who is a representative of the Virginia Department of Social Services.

Your request for a Hearing must be in writing. You may write a letter or use this form. Your request must be mailed to:

Manager, Appeals and Fair Hearings Department of Social Services Management and Customer Service 7 North Eighth Street Richmond, Virginia 23219

If you need help to request a Hearing, please call your service worker.

Your request for a Conference must be made within 10 days of the date your notice was postmarked.

However, if you request a Hearing within 10 days from the date written Notice of Action was postmarked or Notice of Action was given in person, your service or service payment will continue until a decision is made by the Hearing Officer.

If you are not satisfied with the decision made by the Hearing Officer, you may request a review by the State Board of Social Services. You can do this by writing to the same address above.